

Please indicate how well we did in the acquisition of your property by circling the appropriate category or checking the "not applicable" box.

	Excellent	Good	Average	Below Average	Poor	Not Applicable
1. How well did we answer your questions about the proposed transportation project?	5	4	3	2	1	<input checked="" type="checkbox"/>
2. How well did we explain the need for your property and the process used to purchase your property?	5	4	3	2	1	<input checked="" type="checkbox"/>
3. Was the Right-of-Way Agent informed and responsive to your questions?	<input checked="" type="checkbox"/> 5	4	3	2	1	<input type="checkbox"/>
4. Was the Right-of-Way Agent courteous and professional?	<input checked="" type="checkbox"/> 5	4	3	2	1	<input type="checkbox"/>
5. How would you rate the usefulness of the printed material provided by the Department?	5	4	3	2	1	<input checked="" type="checkbox"/>

Comments: _____

If you would like to be contacted by telephone to give additional information or comments, please complete this portion.

Name: _____

Phone Number: () DEPT. OF TRANSPORTATION
RIGHT OF WAY

To be completed by NHDOT Right-of-Way Agent

Project Number: Alstead 14540M Parcel Number: _____

NOV 27 2006

RECEIVED